



DELTONA FIRE DEPARTMENT

Request Form for Fire/EMS Incident Report

Today's Date: _____

I am requesting the Deltona Fire Department record types selected below:

- ☐ **INCIDENT REPORT.** Report created by the Incident Commander that complies with the rules of the National Fire Incident Reporting System (NFIRS).
- ☐ **EMS/MEDICAL REPORT.** A patient authorization form is required if report contains confidential medical information and is requested by any party other than the patient or a court ordered subpoena of records. Court Orders do not require additional information, however, patients must provide photo identification before the report can be released. A copy of their photo ID shall be attached to the completed Fire/EMS Incident Request Form.

INCIDENT INFORMATION

Incident Date: _____ Incident Number (if known) : _____

Incident Time: _____

Incident Location: _____

Type of Incident: _____

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Name of Requestor: _____ Phone: _____

Relationship to Patient: (You must provide a copy of legal authority)

☐ Patient ☐ Parent of minor ☐ Parent of Disabled Adult ☐ Legal Guardian ☐ Beneficiary ☐ Patient Authorized Representative
☐ Executor of Estate ☐ Power of Attorney ☐ Representing Attorney ☐ Law Enforcement ☐ Subpoena

Name of Patient: _____

The Deltona Fire Department is hereby authorized and directed to furnish copies of any and all medical records//information (including but not limited to reports, notes, photos, correspondence and statements) to _____ (patient).

Requestor Signature: _____ Date: _____

For EMS/Medical Request:

- *If you were the person treated by fire rescue, include a copy of your driver's license or legal photo ID with your request.*
- *If the patient is a minor, the parent or legal guardian must provide legal documents stating guardianship or a birth certificate, along with a copy of the requesting parent/guardian driver's license or legal photo ID*
- *If the patient is deceased, (reports are released to the next of kin only) a copy of the death certificate identifying the next of kin and/or legal documents of estate representative are required, along with a copy of the requesting family driver's license, legal photo ID or attorney letter representing the estate.*
- *If the requestor is a law firm or insurance company, a signed notarized medical authorization is required.*

FORMAT OF RECORD RELEASE

☐ In person ☐ Mail ☐ Email (incident reports only): _____ ☐ Fax #: _____

FEE SCHEDULE

1 sided copies – to 8 ½ " x 11'	\$0.15	1 or 2 sided 11" x 17" copies	\$0.20
2 sided copies – to 8 ½ " x 11'	\$0.20	Staff time in excess of 15 minutes:	Hourly rate of staff member qualified to fill request
<input type="checkbox"/> Jewel case - \$0.16 <input type="checkbox"/> Window Envelope - \$0.07 <input type="checkbox"/> CD - \$0.34 <input type="checkbox"/> DVD - \$0.38 <input type="checkbox"/> Cost to mail CD/DVD - \$2.52			

TOTAL CHARGES:

Number of copies: _____ @ \$ _____ \$ _____

Staff Time in excess of 15 minutes: _____ hours x \$ _____ \$ _____

TOTAL DUE: \$ _____

Date Received: _____ Staff Initials: _____